

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054270

FILED
Apr 27, 2011
Secretary of State

Entity Name: KISKEYA HEALTH NETWORK, LLC

Current Principal Place of Business:

126 NORTH FLAGLER AVENUE
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

126 NORTH FLAGLER AVENUE
POMPANO BEACH, FL 33060

New Mailing Address:

FEI Number: 26-0323611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUARRIE, LISA G ESQUIRE
315 ELEVENTH STREET
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: DUVAL, YANIQUE
Address: 7446 BRUNSWICK CIR
City-St-Zip: BOYNTON BEACH, FL 33472

Title: MGRM
Name: NOE, GILBERT
Address: 126 NORTH FLAGLER AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

Title: MGRM
Name: EUGENE, EDITH R
Address: 126 NORTH FLAGLER AVENUE
City-St-Zip: POMPANO BEACH, FL 33060

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: YANIQUE DUVAL

MNG

04/27/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date